



State of Utah

Department of Commerce
Division of Consumer Protection
Consumer Complaint Form

Send to:
Utah Division of Consumer Protection
Attention: Complaint Processor
Heber M. Wells Building, Second Floor
160 East 300 South, SM Box 146704
Salt Lake City, UT 84114-6704
(801) 530-6601 | (801) 530-6001 fax
www.consumerprotection.utah.gov

The Division of Consumer Protection is charged with enforcing consumer protection laws. We offer assistance according to those laws; however, you should not rely solely on the filing of this complaint to resolve your problem. You may need to consult an attorney to determine what remedies may be available to you and any statute of limitations that may apply to your case.

CONSUMER INFORMATION

Name of consumer	Home telephone number	Daytime or Work telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address		
<input type="text"/>		
City	State	Zip code
<input type="text"/>	<input type="text"/>	<input type="text"/>

SUPPLIER INFORMATION

Name of supplier	Daytime telephone number	Other telephone or facsimile
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address		
<input type="text"/>		
City	State	Zip code
<input type="text"/>	<input type="text"/>	<input type="text"/>

TRANSACTION INFORMATION

Amount of transaction	Date of transaction	Method of payment for transaction				
<input type="text"/>	<input type="text"/>	<input type="text"/>				
Did you enter into a contract with the supplier (including verbally, in writing, over the telephone, etc.)? If yes, give location and date.						
<table><tr><td>NO</td><td>YES</td><td>→</td><td><input type="text"/></td></tr></table>			NO	YES	→	<input type="text"/>
NO	YES	→	<input type="text"/>			
Was the product or service advertised? If yes, give location and date.						
<table><tr><td>NO</td><td>YES</td><td>→</td><td><input type="text"/></td></tr></table>			NO	YES	→	<input type="text"/>
NO	YES	→	<input type="text"/>			
What assistance are you seeking for the Division of Consumer Protection?						
<input type="text"/>						

OTHER INFORMATION

Has this matter been submitted to another government agency, an arbitration service, or to an attorney? If yes, give name, address, and telephone number. If a court action has been filed, include name of court, address and case number.

NO	YES	→	<input type="text"/>
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SUMMARY OF COMPLAINT

In the space provided below, concisely and completely describe your complaint, including what you have done to resolve the problem, including dates and names of those you have contacted. Use additional sheet(s) ONLY if necessary (do not say "see attached"). Please limit faxed complaints to ten total pages or less. Complaints totaling more than ten pages should be mailed to the Division.

PLEASE ATTACH COPIES OF ANY DOCUMENTS RELATED TO YOUR COMPLAINT (i.e. contracts, warranties, bills received, cancelled checks – front and back, correspondence, etc.). DO NOT SEND ORIGINALS. Materials submitted with your complaint will NOT be returned to you.

PLEASE READ THE FOLLOWING BEFORE SIGNING BELOW

In filing this complaint, I understand that the Division of Consumer Protection is not my private attorney, but represents the public in enforcing laws designed to protect the public from misleading or unlawful practices. I further understand that if I have any questions concerning my legal rights or responsibilities, the Division cannot give me legal advice and I should contact a private attorney. I hereby give my consent to the disclosure of the contents of this complaint. The above complaint is true and accurate to the best of my knowledge and belief.

SIGNATURE: _____ DATE: _____